

Part I General Information

1 Name of organization Bruno A. Barreiro Campaign		Employer identification number 65 1027265
2 Mailing address (P.O. Box or number, street, and room or suite number) P.O. Box 015644		
City or town, state, and ZIP code Miami, FL 33101		
3 E-mail address of organization Bruno@brunobarreiro.com		
4a Name of custodian of records Bruno A. Barreiro	4b Custodian's address 325 Ocean Drive # 401 Miami Beach, FL 33139	
5a Name of contact person Bruno A. Barreiro	5b Contact person's address 325 Ocean Drive # 401 Miami Beach, FL 33139	
6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number N/A		
City or town, state, and ZIP code N/A		

Part II	Purpose
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7 Describe the purpose of the organization
Campaign to be re-elected as Miami/Dade County's Commissioner for District 5.

Part III **List of All Related Entities** (see Instructions)[illegible]

Part IV: List of All Officers, Directors, and Highly Compensated Employees (see instructions)[illegible]

Under penalties of perjury, I declare that the organization named in Part I is to be treated as an organization described in section 527 of the Internal Revenue Code, and that I have examined this notice, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

**Sign
Here**

Signature of authorized official

Date:



07-31-00

Form **SS-4**

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

FIN

65-1027265

(Rev. April 2000)

Department of the Treasury
Internal Revenue Service

► Keep a copy for your records.

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (legal name) (see instructions)

Bruno A. Barreiro Campaign

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)

P.O. Box 015644

5a Business address (if different from address on lines 4a and 4b)

4b City, state, and ZIP code

Miami, FL 33101

5b City, state, and ZIP code

6 County and state where principal business is located

Miami-Dade, Florida

7 Name of principal officer, general partner, grantor, owner, or trustee SSN or ITIN may be required (see instructions) ► **262-95-3561**

Bruno A. Barreiro

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

☐ Sole proprietor (SSN)

☐ Estate (SSN of decedent)

☐ Partnership

☐ Personal service corp.

☐ Plan administrator (SSN)

☐ REMIC

☐ National Guard

☐ Other corporation (specify) ►

☐ State/local government

☐ Farmers' cooperative

☐ Trust

☐ Church or church-controlled organization

☐ Federal government/military

☐ Other nonprofit organization (specify) ►

(enter GFN if applicable)

☒ Other (specify) ► **Political Campaign**

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State

Foreign country

9 Reason for applying (Check only one box.) (see instructions)

☐ Started new business (specify type) ►

☐ Banking purpose (specify purpose) ►

☐ Changed type of organization (specify new type) ►

☐ Hired employees (Check the box and see line 12.)

☐ Purchased going business

☐ Created a pension plan (specify type) ►

☐ Created a trust (specify type) ►

☒ Other (specify) ► **Election Campaign**

10 Date business started or acquired (month, day, year) (see instructions)

01-07-99

11 Closing month of accounting year (see instructions)

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter 0. (see instructions)

Nonagricultural

Agricultural

Household

14 Principal activity (see instructions) ► **Election Campaign**

15 Is the principal business activity manufacturing?

☐ Yes

☐ No

If "Yes," principal product and raw material used ►

16 To whom are most of the products or services sold? Please check one box.

☐ Business (wholesale)

☐ Public (retail)

☐ Other (specify) ►

☐ N/A

17a Has the applicant ever applied for an employer identification number for this or any other business?

☐ Yes

☐ No

Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name ►

Trade name ►

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)

City and state where filed

Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)

(305) 642-2229

Fax telephone number (include area code)

(305) 541-9245

Name and title (Please type or print clearly.) ► **Bruno A. Barreiro - Candidate**

Signature ►

Bruno Barreiro

Date ► **07-31-2000**

Note: Do not write below this line. For official use only.

Please leave blank ►

Geo.

Ind

Class

Size

Reason for applying